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**M E M O R A N D U M**

**DATE:** July 28, 2004

**TO:** Family Care RC and CMO Directors

**FROM:** Monica Deignan, Family Care Program Manager  
Center for Delivery Systems Development

**SUBJECT:** Timing of Enrollments in Family Care

**This memo updates and replaces the March 5, 2003 memo on the same subject.  
It has been revised to include to include timing of enrollments for  
people enrolled in Medicaid HMOs (including iCare) and PACE/Partnership.**

This memo establishes standards for the timing of Family Care enrollments. There are two timelines to be aware of here. The attached example and drawing attempt to illustrate how these timelines interact.

1. The Eligibility Determination Period: The 30-day timeline for economic support to complete eligibility determination for both Medicaid and Family Care. This timeline begins on the application filing date – the date the resource center or other county agency receives a signed application – and ends when economic support enters the applicant's enrollment date and confirms eligibility in CARES. All applicants shall have an enrollment date selected and entered in CARES within 30 days of the application filing date. (The 30-day timeline can be extended by economic support for up to 10 days with proper written notification if the applicant needs more time to submit required information.)

Economic support makes a determination about the applicant's Medicaid and Family Care eligibility. If the applicant is eligible for Medicaid without expanded waiver eligibility, economic support notifies the person of their effective date for Medicaid eligibility, and that the effective date for their Family Care eligibility will be their Family Care enrollment date. If the applicant will be eligible only through expanded waiver eligibility criteria, they will not be eligible for Medicaid until they begin receiving waiver services, i.e., enroll in Family Care. Economic support discusses this with the applicant, including the fact that it may be necessary to revisit eligibility options if the applicant chooses not to enroll or to delay enrollment, since some applicants may be eligible without expanded waiver eligibility, e.g., with a deductible.

2. The Enrollment Period. This is the time during which an individual who has been determined eligible may enroll. An applicant may select any date within an application month as her/his specific enrollment date. Application months for an individual's specific application are as follows:

<u>If the application filing date is:</u>	<u>The application months / enrollment period are:</u>
Before the adverse action date in that month	The filing date month and the following month
After the adverse action date in that month	The filing date month and the following two months

The resource center or the enrollment consultant, depending on the local access plan and process, assists the applicant to select a specific enrollment date that falls within the enrollment period. That date, needed to confirm eligibility for the applicant, is then communicated to economic support. Economic support confirms eligibility for Medicaid and Family Care and enters it into CARES.

The enrollment date is the date when the CMO begins receiving a capitation payment for the enrollee, and the point at which it assumes responsibility for providing the Family Care benefit to the enrollee.

The date selected for enrollment is dependent upon the enrollee's needs and preferences, as follows:

- a. If the resource center determines that an applicant needs services immediately to assure health and safety or avoid institutionalization, he/she should be enrolled as quickly as possible with all parties involved in the enrollment process – resource center, economic support and enrollment consultant – making special efforts to expedite their part of the process.

(Keep in mind that a resource center may refer an applicant with immediate needs to a CMO prior to final eligibility determination and enrollment. The Health and Community Services Contract allows a CMO to provide services prior to final eligibility determination and enrollment under an “urgent services agreement” with the applicant, in which the applicant agrees, if they are not found eligible, to pay for any services provided. If the applicant is determined eligible, the enrollment date will be set at the date that the CMO began providing services.)

- b. An applicant who does not need expedited enrollment may still specify a preferred enrollment date. In this case, the applicant should be enrolled on the preferred date or a date as close as practicable to the preferred date. “As close as practicable” means as quickly as is possible without special efforts. (For additional information, see #3 on the following page.)
- c. If an applicant has no preference for a specific date, she or he may agree to an enrollment date scheduled in order to allow the CMO to coordinate and respond to enrollments most efficiently and effectively.

- d. “Delayed enrollment” means the applicant selects an enrollment date later than her or his application months. If an applicant wants to delay enrollment past the application months economic support will have to process the application differently, as follows:
- (i) The applicant may choose to have economic support continue to process eligibility using standard – not waiver – eligibility criteria, which may result in a deductible for Medicaid or ineligibility; or
  - (ii) The applicant may choose to withdraw the application, which requires the applicant to sign a withdrawal of application for economic support. If the applicant chooses this option:
    - Any written and signed statement from the applicant may be used to withdraw his/her application, or Form DES 2233 – Voluntarily Declining Aid can be used.
    - The resource center or economic support should advise the applicant that in order to ensure timely financial eligibility determination, he/she should reapply in the month prior to the month in which he or she wants services to begin. The person can initiate reapplication by mail, phone or in person.
    - A functional screen completed for the person may still be valid for up to six months if there have been no significant changes in the person’s condition or circumstances. If the person has experienced significant changes in condition or circumstances, the resource center must update the functional screen. If not, the resource center may use the functional screen that is on file, or may update it so that it is current.
    - Further follow-up with the person may be needed to verify functional status, identify medical remedial expenses etc.
3. Timing of Enrollments for People Enrolled in a Medicaid HMO. These situations require special planning. A person can be enrolled in only one Medicaid managed care program at a time, so someone enrolled in a Medicaid HMO (including iCare in Milwaukee) must be disenrolled from the HMO before the Family Care enrollment can occur. HMO disenrollments routinely occur only at the end of the month. If a person currently enrolled in a Medicaid HMO wants to enroll in Family Care, the procedures to follow in setting the enrollment date are:
- a. If there will be more than six business days left in the month after economic support confirms eligibility and enters Family Care enrollment in CARES, the Family Care enrollment date can be the first of the next month. The enrollment date would be entered on CARES, and the person would be disenrolled from the HMO on the last day of the current month and enrolled in Family Care the first day of the next month. (Ex.: If the enrollment date is entered in CARES on May 24, the FC enrollment date can be June 1, or any other day in June).

- b. If there will be less than six business days left in the month after economic support confirms eligibility and enters Family Care enrollment in CARES, the Family Care enrollment date should be the first of the month after next. (Ex.: If the enrollment date is entered on CARES May 26, the enrollment date should be July 1).
  - c. If there will be less than six business days left in the month after economic support confirms eligibility and enters Family Care enrollment in CARES, and it is urgent that the Family Care enrollment date be the first of the next month, the resource center must contact Heidi Herziger and Peter Baugher who will make every attempt to remove the HMO enrollment for the next month. (Ex.: If eligibility cannot be confirmed and the enrollment date entered in CARES until May 26 and it is urgent the enrollment occur quickly, the resource center should contact Peter and Heidi to expedite the disenrollment from the HMO.)
  - d. In very rare circumstances, someone may have an urgent need for long-term care services provided by Family Care before the HMO disenrollment can occur. The resource center should work with all parties, including the HMO, to assure needed services are in place until the enrollment occurs. DHFS staff from both the Family Care and Medicaid managed care units are available for technical assistance in these situations. The resource center's first point of contact should be Peter Baugher ([baughpf@dhfs.state.wi.us](mailto:baughpf@dhfs.state.wi.us)) at 608/261-8390.
4. Timing of Enrollments for People Enrolled in PACE or the Wisconsin Partnership Program. Currently the only place both Family Care and PACE/Partnership are available is in Milwaukee County. No special notification is needed in these situations. EDS will enroll someone into Family Care if they have the PACE/Partnership disenrollment form processed.

Attachment

cc: Charles Jones  
Peter Baugher  
Ann Marie Ott  
Heidi Herziger

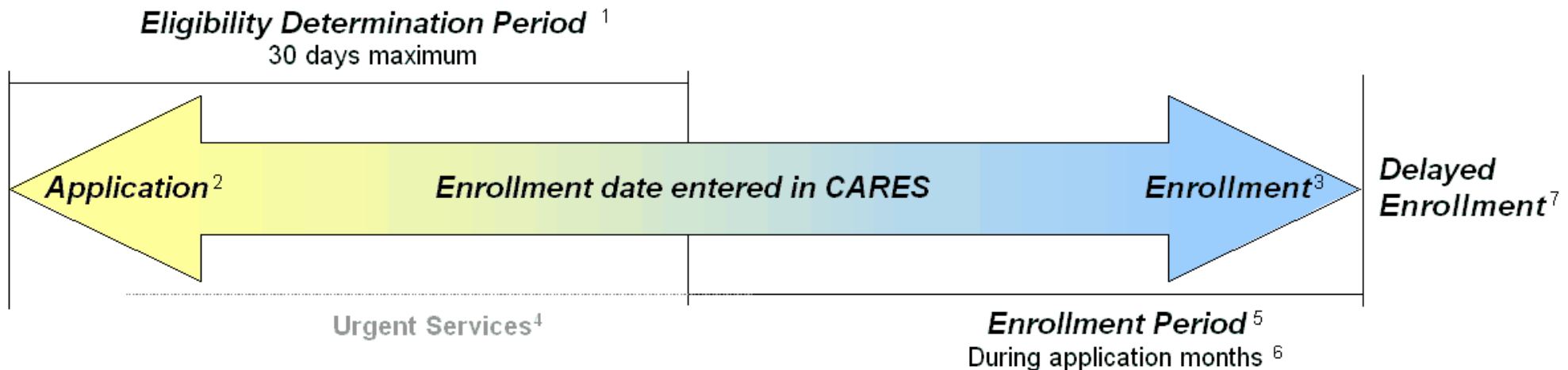
## **Determining Eligibility and Setting the Enrollment Date in Family Care**

### **Example**

- Mrs. Smith applies for Family Care on January 22.
- Economic support has until February 21 to confirm eligibility and enter an enrollment date in CARES.
- The resource center completes her functional screen on January 29.
- Economic support has the necessary information to complete her financial eligibility determination on February 3.
- The resource center refers her to the enrollment consultant on February 4.
- Enrollment consultation occurs February 6. The enrollment consultant advises Mrs. Smith that she can select a preferred enrollment date between February 6 and March 31 (since her application file date is after the adverse action date in January her application months are January, February and March). The enrollment consultant also informs her that if she has no preference, the resource center and CMO will prefer to set the enrollment date as February 15. Mrs. Smith chooses a preferred enrollment date of March 1 in order to avoid cost sharing for a partial month.
- The enrollment consultant reports Mrs. Smith's enrollment choice and preferred enrollment date to the resource center on February 7.
- The county access plan allows 2 business days for the resource center to provide economic support with this information and for economic support to confirm eligibility.
- Economic support confirms eligibility with the March 1 enrollment date in CARES on February 9.
- The CMO is notified of Mrs. Smith's upcoming enrollment date and schedules an appointment for a home visit by her interdisciplinary team on March 1.

(If Mrs. Smith had wanted to delay enrollment until April 1, she would have had to have economic support process her eligibility without expanded waiver eligibility criteria or withdraw her January 15 application and reapply during late February or March.)

# Determining Eligibility and Setting the Enrollment Date in Family Care



<sup>1</sup> Economic support can extend the 30-day timeline by 10 days if the applicant needs more time to submit required information

<sup>2</sup> The Medicaid file date, or if already MA-eligible the date of referral for the functional screen

<sup>3</sup> Date CMO begins receiving cap payment for the enrollee, and assumes responsibility for providing the Family Care benefit

<sup>4</sup> The CMO may choose to serve a person prior to enrollment under an "urgent services agreement" per the CMO contract

<sup>5</sup> The enrollment date is set normally, any time during the month in which ES enters the enrollment date in CARES or the month following, and:

--As quickly as possible, if necessary to assure health/safety or avoid institutionalization

--On the applicant's preferred enrollment date or as soon as practicable

--If the applicant agrees on a date to allow the CMO to space out and respond to enrollments most efficiently and effectively

<sup>6</sup> If the application filing date is before the adverse action date in that month, the application months are the filing date month and the following month. If the application filing date is after the adverse action date in that month, the application months are the filing date month and the following two months.

<sup>7</sup> *Delayed enrollment* means the applicant selects an enrollment date later than her or his application months - the applicant may choose to have ES process eligibility without expanded waiver eligibility criteria, or withdraw the application and reapply. The applicant's functional screen may still be valid for up to 6 months if there are no significant changes.